

10-Feb-17

10Feb17-2475

<input checked="" type="checkbox"/> New	<input type="checkbox"/> Replacement Card	<input type="checkbox"/> Change Product Type
<input type="checkbox"/> Add Owner	<input type="checkbox"/> Change Certification	TRPER

ACCOUNT NAME (ONLY) ("DEPOSITOR(S)") **INDIVIDUAL/JOINT**

VLADIMIR REDKO FEB 13 1997

TYPE OF ACCOUNT ("the Account" or "this Account")		ACCOUNT NUMBER
CHECKING		7388
DATE OPENED	REPLACE. DATE	
2/12/97		

"Bank" refers to: **TEXAS COMMERCE BANK NATIONAL ASSOCIATION**

Located at: **6560 FANNIN - MEDICAL**

If this account is a TUTMA account, by executing this signature card, the Depositor agrees to be bound to the provisions noted in the Disclosure Regarding TUTMA Accounts on the reverse of this card.

By signing below, each Depositor certifies under penalties of perjury that:

(1) The number shown in the blanks below is my correct identification number.

(2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or the IRS has notified me that I am no longer subject to backup withholding or I am exempt from backup withholding.

CHECK THE BOX NEXT TO YOUR SOCIAL SECURITY NUMBER IF YOU ARE SUBJECT TO BACKUP WITHHOLDING.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURES - USE BLACK INK.		NO. OF SIGS. REQUIRED	NAMES - TYPED OR PRINTED
1. <i>Vladimir Redko</i>		1	1. VLADIMIR REDKO
2.			2.
3.			3.
4.			4.

DEPOSITOR #1 DL #	STATE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
EMPLOYMENT/YEARS/TITLE/POSITION		SECOND ID	
PAIN & HEALTH/3 YRS/PHYSICIAN		EXISTING	
EMPLOYMENT VERIFIED BY	HOME PHONE	BUSINESS PHONE	APPROVAL CODE STATE YR.
		713-790-1400	
DEPOSITOR #2 DL #	STATE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
EMPLOYMENT/YEARS/TITLE/POSITION		SECOND ID	
EMPLOYMENT VERIFIED BY	HOME PHONE	BUSINESS PHONE	APPROVAL CODE STATE YR.
DEPOSITOR #3 DL #	STATE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
EMPLOYMENT/YEARS/TITLE/POSITION		SECOND ID	
EMPLOYMENT VERIFIED BY	HOME PHONE	BUSINESS PHONE	APPROVAL CODE STATE YR.
DEPOSITOR #4 DL #	STATE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
EMPLOYMENT/YEARS/TITLE/POSITION		SECOND ID	
EMPLOYMENT VERIFIED BY	HOME PHONE	BUSINESS PHONE	APPROVAL CODE STATE YR.

If the box below is checked, each Depositor listed above on this form is attesting to the following statement. Check the box if applicable.

☐ By signing above, EACH Depositor hereby certifies, under penalties of perjury, that the above-referenced Depositor is NOT any of the following:

- a citizen of the United States
- a resident of the United States for U.S. tax purposes
- a corporation, partnership, estate or trust organized under the laws of one of the United States or District of Columbia
- a United States person

IN THE CASE OF AN ACCOUNT WITH TWO OR MORE DEPOSITORS THE PRECEDING CERTIFICATION IS DEEMED MADE BY EACH DEPOSITOR. NOTIFY THE BANK IF YOUR STATUS CHANGES.

Check if any of the statements below apply to the Account and print the full name as applicable. The Account is:

☐ P.O.D. Account (Payable on Death Account) (Payable in equal amount to each P.O.D. payee)

Payable on Death Payee(s):

☐ Totten Trust Account (No trust instrument on file):

Trustee(s):

Beneficiary(ies):

☐ Joint Tenants with Right of Survivorship (see reverse for agreement regarding right of survivorship)

MAILING ADDRESS	AMT
6345 WESTCHESTER ST. HOUSTON, TX 770050000	\$11,305.04
STREET ADDRESS, IF DIFFERENT FROM ABOVE	SOURCE OF FUNDS
	DEMAND DEPOSIT
RELATED ACCOUNT NUMBERS	
9272	
BANK REFERENCE	BANK REF. VERIFIED BY
TCB#016030571887	

GOVERNMENT
EXHIBIT
940
4:18-CR-368

GX940.001

DOJ_18CR368-0028278